PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/758,172 01/12/2001 Rogier H.M. Groeneveld PM 276593 9375 TITLE OF INVENTION: ABBE ARM CALIBRATION SYSTEM FOR USE IN LITHOGRAPHIC APPARATUS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 03/01/2004 EXAMINER ART UNIT CLASS-SUBCLASS SOUW, BERNARD E 2881 250-492210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.361). 1. Change of correspondence address (or Change of Correspondence Address from PTO/S8/1/2) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attomacy or 2 and 2 registered patent attomacy or 3 gents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent): 1 individual XD corporation or other private group entity peyment of Fee(s): 2 Assignment of Fee(s): 2 Advance Order - # of Copies 3 (\$9.00) Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signature)		CE ADDRESS (Note: Legibly mark-up 590 11/28/2003 [NTHROP, LLP	FEB 2 3 20	\$C98	I hereby certify the States Postal Service addressed to the M	of mailing can only be used for This certificate cannot be used onal paper, such as an assignment of mailing or transmission. Certificate of Mailing or Transt this Fee(s) Transmittal is being the with sufficient postage for five with sufficient postage for five with sufficient postage for five in the sufficient postage for five	smission ng deposited with the Un rst class mail in an envel s above, or being facsim	
09/758,172 01/12/2001 Rogier H.M. Groeneveld PM 276593 9375 TITLE OF INVENTION: ABBE ARM CALIBRATION SYSTEM FOR USE IN LITHOGRAPHIC APPARATUS APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 03/01/2004 EXAMINER ART UNIT CLASS-SUBCLASS SOUW, BERNARD E 2881 250-492210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address from PTO/SB4/2) attached. Use of a Customer Number is required. "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/2, Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USFTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME of ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ASML NETHERLANDS B.V. Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent). individual \(\textit{ Director is a statched.} \) \(\textit{ Ostor partition or other private group entity } \) \(\textit{ Qs overam} \) \(\textit{ Advance Order - # of Copies } \) \(\textit{ A payment of Fee(s):} \) \(\textit{ A check in the amount of the fee(s) is enclosed.} \) \(\textit{ Payment by credit card.} Form PTO-2038 is statched.} \) \(\textit{ Ostor payment by credit card.} Form PTO-2038 is statched.} \) \(\textit{ Ostor payment by credit card.} Form PTO-2038 is statched.} \) \(\textit{ Ostor payment of Fee(s):} \) \(\textit{ A check in the amount of the fee(s) is enclosed.} \) \(\textit{ Payment by credit card.} Form PTO-2038 is statched.} \) \(\textit{ Ostor payment of Pee(s):} \) \(Ostor paym	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 03/01/2004 EXAMINER ART UNIT CLASS-SUBCLASS SOUW, BERNARD E 2881 250-492210 1. Change of correspondence address or indication of "Fee Address" (37 cPR I.363). Change of correspondence address or indication of "Fee Address" (37 cagnis of R. alternatively, (2) the name of a single find (having as a member a registered attorney or agents of R. alternatively, (2) the name of a single find (having as a member a registered attorney or agents of R. alternatively, (2) the name of a single find (having as a member a registered attorney or agents of R. alternatively, (2) the name of a single find (having as a member a registered attorney or agents of R. alternatively, (2) the name of a single find (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate over. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent); individual 10 corporation or other private group entity of governm 12. The following fee(s) are enclosed: 3. Abdvance Order - # of Copies 3 (\$9.00) 3. Advance Order - # of Copies 3 (\$9.00) 3. Advance Order - # of Copies 3 (\$9.00) 3. Abdvance Order - # of Copies 3 (\$9.00)	09/758 172	01/12/2001 Rogier		Rogier H M	Groeneveld			
EXAMINER SOUW, BERNARD E 2881 250-492210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The Examination of "Fee Address" indication form PTO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Address from PTO/SB/122) attached. Use of a Customer Number is required. Assignee NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ASML NETHERLANDS B.V. Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent); individual Corporation or other private group entity governm 4b. Payment of Fee(s): Attention from the patent attorneys or agents. If no name is listed, no name will be printed. By RESIDENCE: (CITY and STATE OR COUNTRY) Veldhoven, The Netherlands Attention for Patents is required fee(s) are enclosed: Abeck in the amount of the fee(s) is enclosed. Abeck in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) or credit any overpayment (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.			L.,			````		
SOUW, BERNARD E 2881 250-492210 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication for "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ASML NETHERLANDS B.V. Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent); individual So corporation or other private group entity or government of the fee(s) is enclosed. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. OBAdvance Order - # of Copies 3 (\$9.00) Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	Honprovisional	NO	\$1330		3300	\$1030	03/01/2004	
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents of R, alternatively, (2) the name of a single name of a single of correspondence address (or Change of Correspondence Address from PTO/SB/12) attached. 3. Change of correspondence address (or Change of Correspondence Address from PTO/SB/22) attached. 4. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ASML NETHERLANDS B.V. Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity individual corporation entity individual indi	EXAMINER		ART UNIT		CLASS-SUBCLASS			
CFR 1.363).	SOUW, BERNARD E		2881		250-492210			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ASML NETHERLANDS B.V. Veldhoven, The Netherlands Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. O81468/0276593 The Director is hereby authorized by charge the required fee(s), or credit any overpayment peposit Account Number 3-3-3-15 (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicati PTO/SB/47; Rev 03-02	ence address (or Change of C 22) attached. ion (or "Fee Address" Indica	Correspondence	names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name				
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 3 (\$9.00) The Director is hereby authorized by charge the required fee(s), or credit any overpayment peposit Account Number 3-5-15 (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN	an assignee is identified be d to the USPTO or is being s EE	low, no assignee da submitted under sep	ata will appearate cover.) RESIDENC	ar on the patent. Inclusion of Completion of this form is N CE: (CITY and STATE OR O	OT a substitute for filing an ass COUNTRY)	iate when an assignment signment.	
☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form P	Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the p	eatent); 🚨 individual 🕽	Corporation or other private g	group entity governm	
Advance Order - # of Copies 3 (\$9.00) Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	- ',	enclosed:		•	` '			
MAdvance Order - # of Copies 3 (\$9.00) The Director is hereby authorized by charge the required fee(s), or credit any overpayment Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.					` '			
Deposit Account Number <u>03-397 &</u> (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.				001400/02/0333				
	Advance Order - # of	Copies 3 (77.00)		The Direction Deposit Acc	ctor is hereby authorized by ount Number <u>03-397</u>	charge the required fee(s), or (enclose an extra	credit any overpayment copy of this form).	
		ested to apply the Issue Fee a		(if any) or to	re-apply any previously pai	d issue fee to the application id	entified above.	

7 0
NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.
SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Robert C. Perez, Reg. No. 39328

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

02/26/2004 HVUDH62 00000065 033975 09758172 01 FC:1504 02 FC:1501 03 FC:8001 300.00 DA 1330.00 DA 9.00 DA